

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)						SERIAL NO. 540140		FILING DATE 3-31-00			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.		W/O.	DEF.	W/O.	DEF.
1							61				
2							62				
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50											
TOTAL	4						TOTAL				
TOTAL	10						TOTAL				